FFR 01 2008

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Complete if Known Substitute for form 1449/PTO 10/586,312-Conf. #2435 **Application Number** INFORMATION DISCLOSURE April 16, 2007 Filing Date STATEMENT BY APPLICANT Jukka T. SALONEN First Named Inventor Not Yet Assigned Art Unit (Use as many sheets as necessary) Not Yet Assigned Examiner Name 0933-0279PUS1 1 1 of **Attorney Docket Number** Sheet

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ² (<i>if known</i>)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

		FOREIC	SN PATENT D	OCUMENTS		
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		Country Code³-Number⁴-Kind Code⁵ (if known)				
	ВА	WO-02/085308-A2	10-31-2002			ABS

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